

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396129	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 03/28/2023
NAME OF PROVIDER OR SUPPLIER: WILLOW TERRACE STATE LICENSE NUMBER: 072102			STREET ADDRESS, CITY, STATE, ZIP CODE: ONE PENN BLVD PHILADELPHIA, PA 19144		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0584	Based on an Abbreviated Survey in response to one complaint, completed on March 28, 2023 , it was determined that Willow Terrace was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0584			
SS=E					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0584 SS=E	Continued from page 1 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all	F 0584	This provider submits the following plan of correction in good faith and to comply with Federal regulations. This plan is not an admission of wrong doing nor does it reflect agreement with the facts and conclusions stated in the statement of deficiencies. Baseboards in all common areas, hallways, and dining rooms and units 3, 4, 5 and 6 were cleaned. Room 410 bathroom sink was re-caulked and the loose tiles were replaced. Room 427 bathroom sink was re-caulked. The tiles on the floor were replaced. The built in dresser drawer was repaired. The Blinds were replaced Room 432 the sink cabinet was repaired. Room 638 the shower floor tiles were replaced. The wooden overhang on levels 2 and 4 are to be evaluated by roofing company on 4/24/23, facility will proceed with recommendations received.	Completion Date: 04/28/2023 Status: APPROVED Date: 04/21/2023	

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F 0584 SS=E	Continued from page 2 areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:	F 0584	Baseline audit completed of resident rooms to determine needed repairs. The Director of Housekeeping educated housekeeping staff on cleaning baseboards The Director of Maintenance educated maintenance staff on preventative maintenance. Staff were educated to put items in disrepair in the tels system so that maintenance can address areas that need repair in a timely manner. The Director of Housekeeping will conduct rounds with an audit tool to ensure baseboards are clean. Rounds will be done weekly x 4 weeks then Monthly x 2 months The Director of maintenance will conduct environmental rounds using an audit tool to ensure any items in disrepair and repaired in a timely manner. Rounds will be done weekly x 4 weeks then monthly x 2 months Results of the audits will be submitted to the quality assurance committee to determine if further action is needed.		

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F 0584 SS=E	<p>Continued from page 3</p> <p>Based on observation and interview with staff and residents, it was determined that the facility did not maintain a safe, clean, and comfortable, homelike environment for four of four units reviewed (units 3, 4, 5 and 6).</p> <p>Findings include:</p> <p>Observations conducted on March 28, 2023, from 3:30 p.m. through 6:00 p.m. revealed the following:</p> <p>Dirt and food debris were noted on all baseboards in all common areas, including, but not limited to, the hallways and dining rooms on units 3, 4, 5 and 6.</p> <p>In the bathroom of room 410, the caulk for the sink surround was cracked, leaving a gap; broken and loose tiles were noted on the floor.</p> <p>In the bathroom of room 427, the caulk for the sink surround was cracked, leaving a gap; broken and loose tiles were noted on the floor. In the bedroom, the built-in drawers, which are utilized by the</p>	F 0584			

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F 0584 SS=E	Continued from page 4 patient, were noted to be missing the top drawer pull. In addition, the blinds had several broken slats, and resident R13 stated that the blinds did not function. Upon trying to open and closed the blinds, it was confirmed by the surveyor that the blinds were not operational. In room 432, the cabinet of the sink had a large hole near the floor through which Resident R12 stated that mice and insects frequently entered his room. In the bathroom of room 638, broken and loose tiles were noted on the floor of the shower. Observations through the hallway windows on units 3 and 5 revealed that the wooden overhang of the windows on the below levels, levels 2 and 4, was rotted, leaving a large gap through which rodents and insects could enter the building. These observations were confirmed with Licensed staff, Employee E3, at 5:45 p.m. Interview with the Nursing Home Administrator and	F 0584			

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F 0584 SS=E	Continued from page 5 the Director of Nursing, on March 28, 2023, at 6:15 p.m. confirmed that the observed areas of the building that were dirty and in disrepair did not create a safe, comfortable, homelike environment for residents. 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(3) Management 28 Pa Code 207.2(a) Administrator's responsibility	F 0584			



Certified End Page

WILLOW TERRACE

STATE LICENSE NUMBER: 072102

SURVEY EXIT DATE: 03/28/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY